

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted on the below listed date, consisting of the below listed number of pages, and to the below listed fax number.

Date of Trans.: October 20, 2004Fax Number: 703-872-9306No. of Pages: Ext (1) + RCE (2) + Amd (6) =Total = 9By: Jeanette L. Papin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/314,615
Applicant : CARTER, George E. et al.
Filed : May 19, 1999
TC/A.U. : 2645
Examiner : SING, Simon P.

Confirmation No.: 5452

RECEIVED
CENTRAL FAX CENTER

OCT 20 2004

Docket No. : 99P7593US01
Customer No. : 28524
Title : Techniques for Audio Transducer Switching Under
Programmatic and Off Hook Interrupt Control

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. §1.114

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

TIME REQUEST IS BEING MADE

2. This request is being submitted:

- i. ☒ **Prior to abandonment of the application**
- ii. ☐ With payment of the issue fee
- ☐ Prior to payment of issue fee
- ☐ Issue fee has been paid but a petition under §1.313 has been granted
- iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals & Interferences
- ☐ A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

ENCLOSURES

3. Enclosed herewith is/are:

- ☒ A Petition for Extension of Time for three month(s).
☐ Please enter the Amendment filed _____.
☒ Please enter the enclosed Preliminary Amendment.
☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449
and ___ references.
☐ Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))4. ☒ Filing fee has been calculated as shown below after entering the Preliminary Amendment (other than small entity):

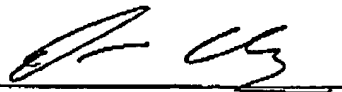
For	Claims Remain- ing After Amend.	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	14	-21	=0	x \$ 18	\$ 0.00
Indep. Claim	2	- 3	=0	x \$ 88	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$300	\$ 0.00
				Basic Filing Fee	\$ 790.00
				Total	\$ 790.00

5. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 19 Oct 04

Customer Number: 28524
SIEMENS CORPORATION
Intellectual Property Department
170 Wood Avenue South
Iselin, New Jersey 08830
ATTENTION: Elsa Keller, IP Department
Telephone: (732) 321-3026

Respectfully requested,

By: 
David D. Chung
Registration No. 38,409
Attorney for Applicants
Tel: 650-694-5339
Fax: 650-968-4517